THE CENTERS FOR MEDICARE & MEDICAID SERVICES

Open Door Forum Newsletter

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Hot Announcements!

Final Rule on Hospital Responsibilities to Patients Seeking Treatment For Emergency Conditions

The Centers for Medicare & Medicaid Services (CMS) today issued a final rule clarifying hospital obligations to patients who request treatment for emergency medical conditions under the Emergency Medical Treatment and Labor Act (EMTALA).

The revisions provide clear, common sense rules for responding to people who come to a hospital for treatment of an emergency condition. They are designed to ensure that people will receive appropriate screening and emergency treatment, regardless of their ability to pay, while removing barriers to the efficient operation of hospital emergency departments.

To read the August 29th press release, click here:
www.cms.hhs.gov/media/press/release.asp?Counter=837

To read the final rule published in the Federal Register, click here:
http://frwebgate3.access.gpo.gov/cgi-bin/waisgate.cgi?WAISdocID=3798898391+0+0+0&WAISaction=retrieve

The Numbers Are In!

3,548 guests visited with the Administrator and CMS Senior Staff during the months of August and September.

To date, more than **36,405** guests have participated in the forums since October 2001!

New Efforts Aimed at Stopping Abuse of the Medicare Power Wheelchair Benefit

On September 9th, The Centers for Medicare & Medicaid Services announced a 10-point initiative to substantially curb abuse of the Medicare program by unscrupulous providers of power wheelchairs and other power mobility products that prey on Medicare beneficiaries.

The number of Medicare beneficiaries with at least one claim for a motorized wheelchair rose from just over 55,000 in 1999 to almost 159,000 in 2002, an increase of 189 percent, while the overall Medicare population rose only 1 percent per year during that same time period.

"This abuse is an insult to all Americans who pay taxes. It's got to stop," Scully said. "Our 10-point campaign is an aggressive way to end this exploitation of the Medicare program."

To read the press release, please click here: www.cms.hhs.gov/media/press/release.asp?Counter=843

Letter From the Open Door Initiative Coordinator

Administrator Tom Scully had the clear goal of opening up the agency to improve communication with all of its beneficiaries, providers, and healthcare stakeholders when he took office. The Open Door Initiative is based upon a fundamental understanding – that CMS can only address that which it is aware of, and that as a foundational level of information sharing, ongoing and regular interaction with our beneficiaries and regulated health care providers is critical. Reading and submitting comments on Federal Register notices and sporadically sending letters to CMS officials, as had been typical in the past, was recognized by all as insufficient provider access to the agency. CMS needed a channel of communication that would set a higher standard for information flow that flows in both directions, with the vital ability to dialog in real time, guaranteeing a higher level of understanding.

Thus the Open Door Forums were developed as the keystone tool of the Initiative. This is the Second Anniversary of the Open Door Initiative, and I am consistently hearing from providers and their associations about their enthusiasm for its continued success, citing extensive examples of how our efforts have improved their ability to interact positively and constructively with us. I have now been selected to take the helm of this effort, and have been charged with ensuring its continued success and growth. Formerly under the impeccable stewardship of Tom Barker, the forums have become embedded into the fabric of CMS.

It is with both great enthusiasm and substantial humility that I accept this challenge, and ask for your participation, input and support. My goal for this year is to further move forward with our existing forums, and to continue to pilot new topic areas, and involve different service settings as hosts for our calls – adding depth, color and better understanding to issues that exist and emerge across disciplines.
Feel free to contact me outside of the forums at rlawlor@cms.hhs.gov and let me know how we can do a better job.

See you on the calls!

Rich Lawlor, DC, MBA

Ambulance Fee Schedule Updates

CMS has published several recent instructions concerning the Ambulance Fee Schedule implementation. On September 26, 2003, the agency published a notice to Medicare contractors reminding them of the upcoming changes to the fee schedule and reasonable cost/charge reimbursement rates for ambulance services during the transition to the Ambulance Fee Schedule.

Effective January 1, 2004, the blended rate for calendar year 2004 will consist of 40 percent of the reasonable cost or reasonable charge amount and 60 percent of the fee schedule amount. (Program memorandum (PM) AB-03-146 is available on the CMS website at http://cms.hhs.gov/manuals/pm_trans/AB03146.pdf.) CMS also published the last in a series of three program memoranda to clarify Medicare policy concerning the Ambulance Fee Schedule implementation. (See PM AB-03-106 at: http://cms.hhs.gov/manuals/pm_trans/AB03106.pdf.)

Lastly, the agency issued an instruction to implement a new mileage rate for ground ambulance services originating in rural areas, per the Benefits Improvement Act of 2000 §221. Beginning on January 1, 2004, the payment rate for miles 18 to 50, inclusive, will be equivalent to the urban mileage rate with no rural adjustment. (See PM AB-03-110 at: http://cms.hhs.gov/manuals/pm_trans/AB03110.pdf).

Dr. Rogers' Corner:
EMTALA – Unfunded Mandate or Moral Imperative?

As an Emergency Physician who started to practice in the pre COBRA era (COBRA became EMTALA) I remember the situations that the law was intended to prevent. I remember calling the Obstetrician on call about a young woman who seemed to be in early labor and having to discharge that patient from the ED terrified that she would never make it to the big teaching hospital 40 miles away before her labor began in earnest. I remember the dismissive attitude of others when we Emergency Physicians came to them with our concerns: after all, the liability was our problem, not theirs. The patients would sue us if something went wrong.

COBRA changed all of that dramatically and irreversibly and we old timers were thrilled. Everyone began to focus on things that helped to improve patient care: properly staffing the triage desk; specialty physicians on call developed an interest in patients with right lower quadrant pain even if the sufferer was an uninsured alcoholic.

Some have called COBRA an unfunded mandate. Whether it is or it isn't, there's no question but that it has improved access to patient care dramatically, and I've seen it in my daily practice. I am as horrified as anyone that we have 44 million people in this country who have no insurance. Providing these Americans with coverage is the way to fix the problem, getting rid of EMTALA is not.

-Dr. Bill Rogers is an Emergency Physician who has practiced for twenty years and has spent most of his career as an Emergency Department Director. In this capacity, Dr. Rogers has experienced the frustrations felt by all physicians trying to make an honest living in a very complicated business. When not leading physician issues in the immediate office of the Administrator or managing the physician program policy as Director of the Physician Regulatory Issues Team (www.cms.hhs.gov/physicians/prit/), Dr. Rogers serves as a Field Surgeon in the United States Naval Reserve.

Medicare Resident & New Physician

CMS made public the seventh edition of the *Medicare Resident & New Physician Guide* on Tuesday, September 23, 2003. This continues to be the most requested item on the Medicare Learning Network, and can be ordered from the CMS website at www.cms.hhs.gov/medlearn. This guide is designed to introduce residents/new physicians to the Medicare program and to provide them with information and tools that will be helpful as they begin treating Medicare beneficiaries.

Helping Your Patients Understand Medicare!

The latest revision of CMS' Medicare and You Handbook for beneficiary education is now available on the web. This publication explains the Medicare program in easy to read language, and is available in audio and Braille text, as well as in Spanish.

For further information on CMS beneficiary publications, call **1-800-MEDICARE** (1-800-633-4227)

To read the Medicare & You 2004 handbook, click here: www.medicare.gov/Publications/Pubs/pdf/10050.pdf

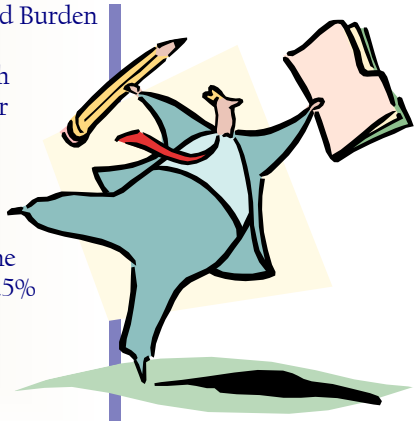
HIPAA News You Can Use!

Although the October 16, 2003 HIPAA Transactions and Code Sets deadline has passed, the need for information has not. CMS has a wealth of resources available on our website to assist entities as they continue their compliance efforts. Please visit us at: www.cms.hhs.gov/hipaa/hipaa2

In particular we have posted several Frequently Asked Questions (FAQs) and continue to update and post new ones all the time. Please check back often!

OASIS Notes:
Reduced Home Health Burden

On October 1, 2003, CMS implemented the final changes to the Reduced Burden OASIS in response to the Department of Health and Human Services department-wide initiative to reduce regulatory burden for home health providers. All assessment records with completion dates (M0090) on or after 10/1/2003 must conform to the version 1.40 data specifications.



Version 1.40 incorporates two major features: (1) changes to the reporting of diagnosis codes to allow HHAs to use V-codes and E-codes and (2) reporting of branch IDs. All the proposed changes to the OASIS are now in effect. This reduces the overall burden to HHAs by 25% and reduces the effort for the follow-up assessment by 71%.

Revised manuals, data specifications, and data sets are available at: www.cms.hhs.gov/oasis

MDS Version 3.0 Timeline On

CMS announced that it is reviewing the original 2004 MDS 3.0 timeline to rethink whether it is a reasonable time frame for implementing Version 3.0. With the support of nursing home stake-holders, CMS is taking time to give consideration to integrating broader work effecting nursing homes and the MDS, including refinements to the Resource Utilization Groups that determine payment for Medicare, as well as the adoption of some national standards for clinical terminology.

As updates become available, material will be posted on the MDS 3.0 website at www.cms.hhs.gov/quality/mds30. If you have questions, please contact Mary Pratt at 410-786-6867 or email Mpratt@cms.hhs.gov.

More Workers To Help Nursing Home Residents

New Rules Designed To Permit Feeding Assistants To Increase Quality of Care

The regulations, which were published as a final rule in the Sept. 26 issue of the Federal Register, will make it easier for nursing homes to hire trained feeding assistants to help residents who have no complicated feeding problems.

The new assistants will be required to successfully complete a state-approved course of at least eight hours, and the use of these assistants must be consistent with state law. Currently, nursing homes rely primarily on certified nurse aides (CNAs) or other health care professionals to assist residents with eating and drinking.

To view the press release, click here:
www.hhs.gov/news/press/2003pres/20030925.html
To read the September 26th Federal Register final notice, click here:
http://frwebgate3.access.gpo.gov/cgi-bin/waisgate.cgi?WAISdocID=28552230194+0+0+0&WAISaction=retrieve

Ventricular Assist Devices As Destination Therapy to be Covered

The Centers for Medicare & Medicaid Services (CMS) announced October 1st that it intends to expand coverage of ventricular assist devices (VADs) as permanent cardiac support for certain Medicare beneficiaries and make a technical correction to payment to ensure appropriate access to the procedure.

When this new coverage becomes effective, it will provide VADs for Medicare patients who have chronic end-stage heart failure, are not candidates for heart transplantation and meet the inclusion criteria outlined in the Randomized Evaluation of Mechanical Assistance for the Treatment of Congestive Heart
Failure trial (REMATCH).

To read the press release, click here: www.cms.hhs.gov/media/press/release.asp?Counter=881
To read the coverage decision memo, implementing instructions, and more, click here:
www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=79

Medicare Announces Intention to Cover Lung Volume Reduction Surgery

The Centers for Medicare & Medicaid Services (CMS) today announced it intends to make lung volume reduction surgery (LVRS) available to certain Medicare beneficiaries who are expected to benefit from the surgery based on results of the National Emphysema Treatment Trial (NETT) -www.emphysemastudy.com

"This decision follows years of research and an exhaustive evaluation of the available scientific evidence," said CMS Administrator Tom Scully, "and reflects CMS' efforts to bring the latest and best medical care to its 41 million beneficiaries."

To view the coverage decision memo, click here:
www.cms.gov/ncdr/memo.asp?id=79

To view the August press release, click here:
www.cms.gov/media/press/release.asp?Counter=829

CMS Updates and Improves Its Medicare Coverage Decision Process

The Centers for Medicare & Medicaid Services (CMS) September 25th announced an updated and improved process for making Medicare coverage decisions to ensure the highest quality of care for beneficiaries of the program of health care for the elderly and disabled.

A notice to be published in the Federal Register on Friday, September 26, 2003 incorporates lessons learned over the past three years and implements certain requirements of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection act of 2000 (BIPA). The notice replaces an April 27, 1999 notice and will be effective on October 27, 2003.

To read the press release, click here:
www.cms.hhs.gov/media/press/release.asp?Counter=876
To read the Federal Register notice, click here:
http://frwebgate2.access.gpo.gov/cgi-bin/waisgate.cgi?
WAISdocID=850757345180+0+0+0&WAISaction=retrieve

Manuals and Program Instructions Convert to Web Format

On October 1, 2003, the Centers for Medicare & Medicaid Services rolled out a new web-based Program Manual System. The new system, called the Online Manual System, can be found at www.cms.gov. It provides in one location a single source for current operating procedures for all providers and suppliers participating in the Medicare program. The new manuals are organized by program functional area, e.g., claims processing. This new format eliminates the duplication, redundancy and inconsistencies frequently found in the old manuals. It also will facilitate the updating process making more timely and accurate information available sooner.

To enhance customer use of the new online system, crosswalks with electronic links from the old manuals to new manuals are available on the website. In addition, a dedicated search engine is available on the website to assist with locating specific information and instructions.

M+C Plan Renewals and Non-renewals

The Administration has continued to take aggressive steps to strengthen and improve health plan options for seniors and disabled Americans. For 2004, we are seeing more stabilization in the program than ever before and the trend is heading in the right direction.

For 2004, only 16 health plans announced their decision to either leave the program or reduce their service area, affecting 41,000 beneficiaries. While we are disappointed to hear about any beneficiaries losing a health plan option, we are pleased to see the program stabilizing in anticipation that Congress will change the program for the better.

To read the September 22nd press release, click here: www.cms.hhs.gov/media/press/release.asp?Counter=868

Occupational Mix Survey

Section 304(c) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000 requires CMS to collect wage data every three years on hospital employees for each short-term, acute care hospital participating in the Medicare program in order to construct an occupational mix adjustment to the wage index. The wage index is to be adjusted for occupational mix by October 1, 2004. On September 19, 2003, CMS published a final notice, with a 30-day public comment period in the Federal Register (68 FR 54905).

The comment period ended on October 20, 2003. The final survey is pending the approval of the Office of Management and Budget (OMB). A summary and example of the occupational mix adjustment is available at http://www.cms.hhs.gov/providers/hipps/ippswage.asp

Certain Types of Medical Centers and Facilities to Submit Cost Reports in Electronic Format

The final rule on electronic reporting was published August 21st in the Federal Register covering hospices, organ procurement organizations, rural health centers, federally qualified health centers, community mental health centers and end-stage renal disease facilities.

Generally, CMS is applying the current electronic cost reporting requirements used for hospitals since October 1989, and for skilled nursing facilities and home health agencies since January 1997.

To read the complete press release, click here: www.cms.hhs.gov/media/press/release.asp?Counter=830
To read the Federal Register final rule, click here: http://frwebgate2.access.gpo.gov/cgi-bin/waisgate.cgi?WAISdocID=283175102058+0+0+0&WAISaction=retrieve

Hot News & Resources!

October 20th Open Door Forum Pilot On Medicare As Secondary Payer (MSP) Draws Record Attendance

The piloted forum on MSP dealt specifically with when the primary payer is Workers' Compensation, and covered policy areas in both the pre-pay and post-pay areas. Significant outreach was done before the forum to notify interested stakeholders about the call, and we ended up with approximately 1,300 call-in participants. The policy experts who handled the call from the CMS central office are still reviewing the information that was discussed, in order to prepare follow-up issues, and to determine when another MSP forum can be considered.

Welcome…

…to the new Co-Chair of our Home Health, Hospice, & DME forum, James T. Kerr, Regional Administrator for Region II (New York, New Jersey, U.S. Virgin Islands, Puerto Rico). Jim brings a great deal of enthusiasm to this forum and has a diverse background in healthcare administration. We look forward to leveraging Jim's input in keeping pace with these very broad and dynamic policy areas. For a complete listing of the current Open Door forums, their Chairpersons, and their Co-chairs, please click here: http://www.cms.hhs.gov/opendoor

New DMEPOS Web Page

CMS recently developed and implemented a web page specifically designed for DMEPOS suppliers. The web page contains all of the information available for DMEPOS suppliers who do business with Medicare. You can find information about enrollment, participation, policies, regulations, HIPAA, program integrity, medical review, demonstrations, billing instructions, coding, payment, program memorandums, and education as they related to DMEPOS. The address for the web page is www.cms.hhs.gov/suppliers/dmepos.

NCCI (Correct Coding Initiative) Edits

On September 2, 2003, CMS posted the National Correct Coding Initiative Edits (NCCI) at www.cms.hhs.gov/physicians/cciedits/. Both the comprehensive/ component edits and the mutually exclusive edits were posted. Edit updates are being posted quarterly. CMS anticipates the posting of the approximately 200,000 edits will make it easier for physicians to bill properly and be paid promptly for services to people with Medicare coverage.

On the Road Thank You!

CMS would like to thank the many associations in the past two months that have opened their doors, and hosted the Open Doors live on location. Our thanks go out to the following:

- Nebraska Hospital Association for hosting a special forum on Critical Access Hospitals, September 5th in Kearney, NE
- CMS Regional Office VI for hosting the Rural Health forum at their annual meeting with regional Offices of Rural Health, on September 8th in Dallas, TX
- National Hospice and Palliative Care Organization for hosting a special forum on Hospice Care, September 9th in Phoenix, AZ
- Wisconsin Medical Society and D.C. Medical Society for co-hosting the Physicians forum on September 10th in both Madison, WI and in Washington, DC.
- CMS Regional Office IX for hosting the Diversity forum at their annual Physician and Provider Preceptorship program, on September 24th in San Francisco, CA
- Managed Care Association of Pennsylvania for hosting the Health Plans forum, on October 1st in Harrisburg, PA
- National Association for the Support of Long Term Care and the American Healthcare Association for hosting the Skilled Nursing Facility and Long Term Care forum, on October 14th in San Diego, CA
- Medical Group Management Association for hosting the Physicians forum on October 15th in Philadelphia, PA

The CMS Open Door Initiative is always open to your suggestions and ideas on hosting our Open Door Forums at locations that will benefit our outreach efforts!

For any information regarding the CMS Open Door Forum Initiative, please feel free to visit the home-page at: www.cms.hhs.gov/opendoor